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Testimony Concerning SB 946

Senator Fonfara, Representative Berger, and Members of the Committee, thank you for the opportunity to express my concerns about the provisions of SB 946 that would repeal the annual allocation from the Tobacco Settlement Fund to the Biomedical Research Trust Fund. It is a small but nonetheless valuable source of support for research into a range of tobacco-related diseases. My colleagues and I at Yale respectfully ask the Committee to preserve the allocation of funds for the Biomedical Research Trust Fund.

I recently received an award from the Biomedical Research Trust Fund, which is instrumental in enabling me to continue my research. My research focuses on blood diseases and in particular on acute myeloid leukemia (AML). Standard treatment of myeloid leukemia to date still consists of cytotoxic chemotherapy that has been given for over thirty years. Long-term survival is achieved in only about 25% of patients with AML. With the advent of next generation sequencing we can now identify the molecular makeup of most leukemias, understand their cell of origin, with the promise to harness novel, targeted agents to treat and cure leukemia. Funding through the Biomedical Research Trust Fund is allowing me, a physician scientist, to integrate patient care with basic science research, by establishing a unique xenotransplantation model to understand molecular makeup and evolution of leukemias and test novel treatments. The work performed in my laboratory goes hand in hand with clinical trials offered at Smilow Cancer Hospital that offer residents of CT and its surroundings novel treatments and the hope to beat the leukemia.

You might ask whether researchers can turn to other funding sources if the Biomedical Research Trust Fund is eliminated. Research grants are increasingly scarce, and most university researchers are preparing numerous applications every year to sustain their research. The Biomedical Research Trust Fund allows funding of early, yet promising projects that can then be proposed to the NIH for additional funding. It also funds research that is unique to the site such as Yale, and that then results in the establishment of a core or invaluable "tool" that can then support

multiple related applications to the NIH. The budget of the National Institutes of Health, which is by far the most important sponsor of academic medical research, has been more or less flat for five years, and if inflation is taken into account has been flat for about ten years. Therefore the Biomedical Research Trust Fund has never been more important than it is today.

My colleagues and I respectfully urge you to retain the permanent allocation of funds to the Biomedical Research Trust Fund. It has more than met the General Assembly's aims of promoting high-quality research into tobacco-related diseases, and it has become particularly valuable in filling gaps in funding and sustaining promising lines of research.

Please do not hesitate to contact me if you have any questions.

Stephanie Halene, MD

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